

Name
in
Full

John Buckley

158

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death	Month	Day	Years	Month
Sex	Color or Race	Age	80	Days
Occupation	Where Residing if not et place of death			
Married, Single or Widowed	Name of Wife or Husband	Near Rossmoyne		
Father's Name	Worster Co			
Mother's Maiden Name	" "			
Name of person giving Information	daughter			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Suffusion of Brain
Paralysis

66

How long

2 years

Immediata

Ops

How long

3 days

Are the name, age, sex, color, date and place correctly given above?

Signature of
Physician

Address

F W C Lyle
Rossmoyne, Md

Accident or Suicide



Name
in
Full

Mary J Brittingham

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Town

Near Friendship Worcester

MARYLAND

Date
of death

Month

Day

Year

Month

Days

1909

Mar

2

66

Sex

Female

Color or
Race

Col.

Birth-
place

Bethel

Occupation

Housewife

Where Reiding if not
at place of death

Married, Single
or Widewed

Married

Name of Wife or
Huebend

Handy Brittingham

Father's
Name

Unknown

Father's
Birthplace

Bethel

Mother's
Maiden Name

Mary J Duncan

Mother's
Birthplace

Bethel

Name of person giving
Information

Handy Brittingham

How related
to deceased

Husband.

CAUSES OF DEATH

120

How long

Primary

Brught Disease

How long

Immediate

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

R. P. Gelin

Address

Bushville
Md

PHYSICIAN
OR CORONER

Q

Accident or Suicide

Name
in
Full

Ernest Brown

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Town		County		MARYLAND	
Died at	Snow Hill	Worcester			
Date of death	1909	Month	Mar	Day	12
				Years	5
				Months	1
				Days	13
Sex	Male	Color or Race	White	Birth-place	
Occupation		Where Residing if not et place of death			
Married, Single or Widowed		Name of Wife or Husband			
Father's Name	Ernest Brown			Father's Birthplace	Dayton
Mother's Maiden Name	Estheda Fowler			Mother's Birthplace	Ohio
Name of person giving Information	Estheda Fowler			How related to deceased	another

CAUSES OF DEATH

Primary

No Physician, suspicious, neglect

Immediate

death from natural causes

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Paul Jones

Address

179

How long

How long

Accident or Suicide



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

George Drummond

Town		County		MARYLAND	
Died at Bronxville City		Wellesley			
Date of death	Month	Day	Years	Month	Days
1909	March	28	Age 92		
Sex	Male	Color or Race	Colon	Birth-place	Acorns Co Va.
Occupation	Labour	Where Residing if not et place of death			Bronxville City
Married, Single or Widowed	Married	Name of Wife or Husband	Rachael, lately	Father's Birthplace	Acorns Co Va
Father's Name	Philip, Drummond			Mother's Birthplace	" "
Mother's Maiden Name	Patience			How related to deceased	neighbor
Name of person giving Information	John Wharton				

CAUSES OF DEATH

Primary

Bright's

Immediate

Exhaustion

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

120

How long

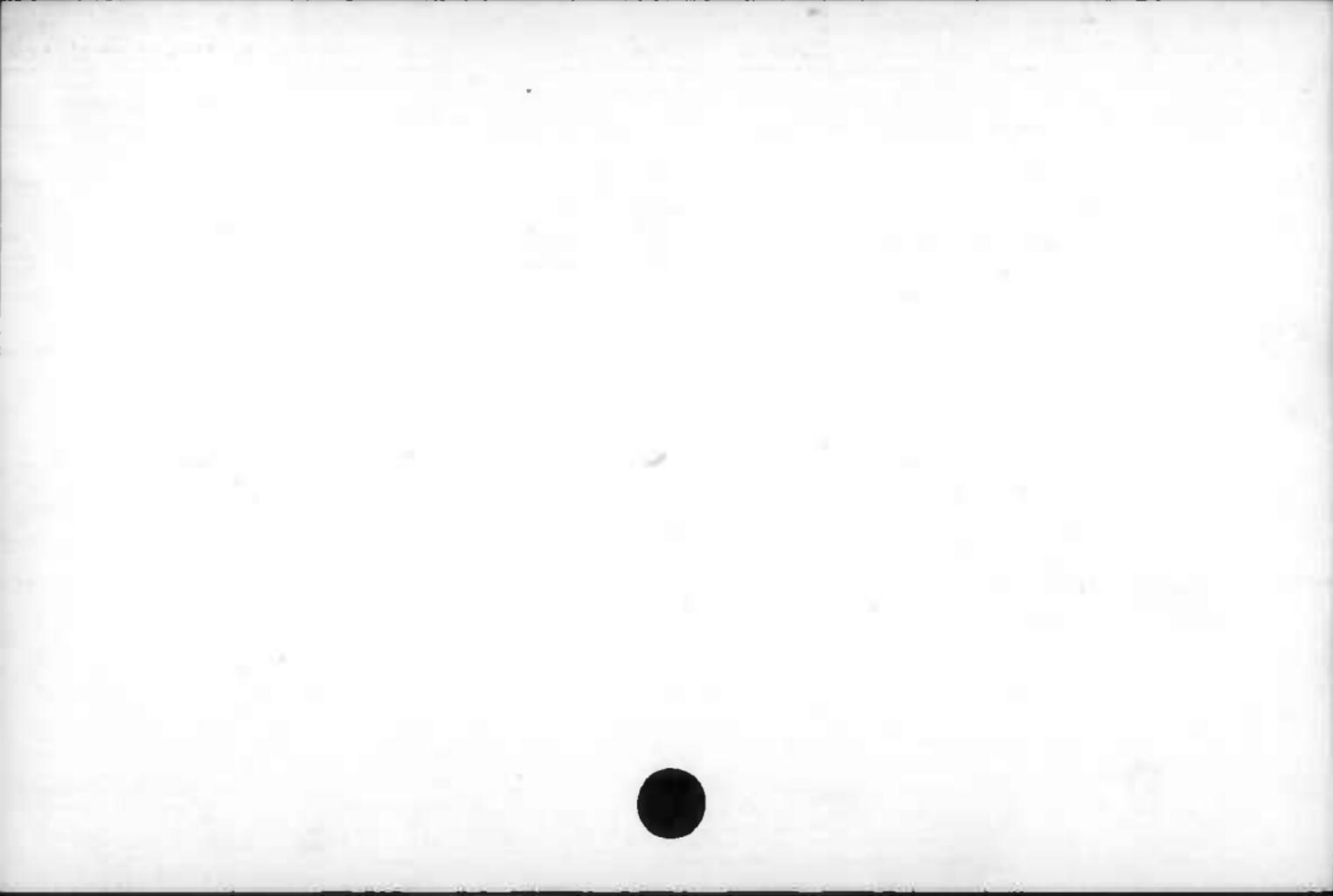
How long

Some years
in bed 5 months

Samuel L. Currier
Bronxville City, N.Y.

PHYSICIAN
OR CORONER

Accident or Suicide



Name
in
Full

Rose. Fooks -

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Near Berlin		County	MARYLAND		
Date of death	Month	Day	Years	Months	Days	
Sex	Female	Color or Race	Col.	Birth-place	Near Berlin	
Occupation	None		Where Residing if not at place of death			
Married, Single or Widowed	Single	Name of Wife or Husband				
Father's Name	John Fooks		Father's Birthplace	New York		
Mother's Maiden Name	Sharlott Collins		Mother's Birthplace	New York		
Name of person giving information	Lambert Stinger		How related to deceased	None		

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

Primary

No Doctor

How long

unknown

Immediate

Are the name, age, sex, color, date and place correctly given above?

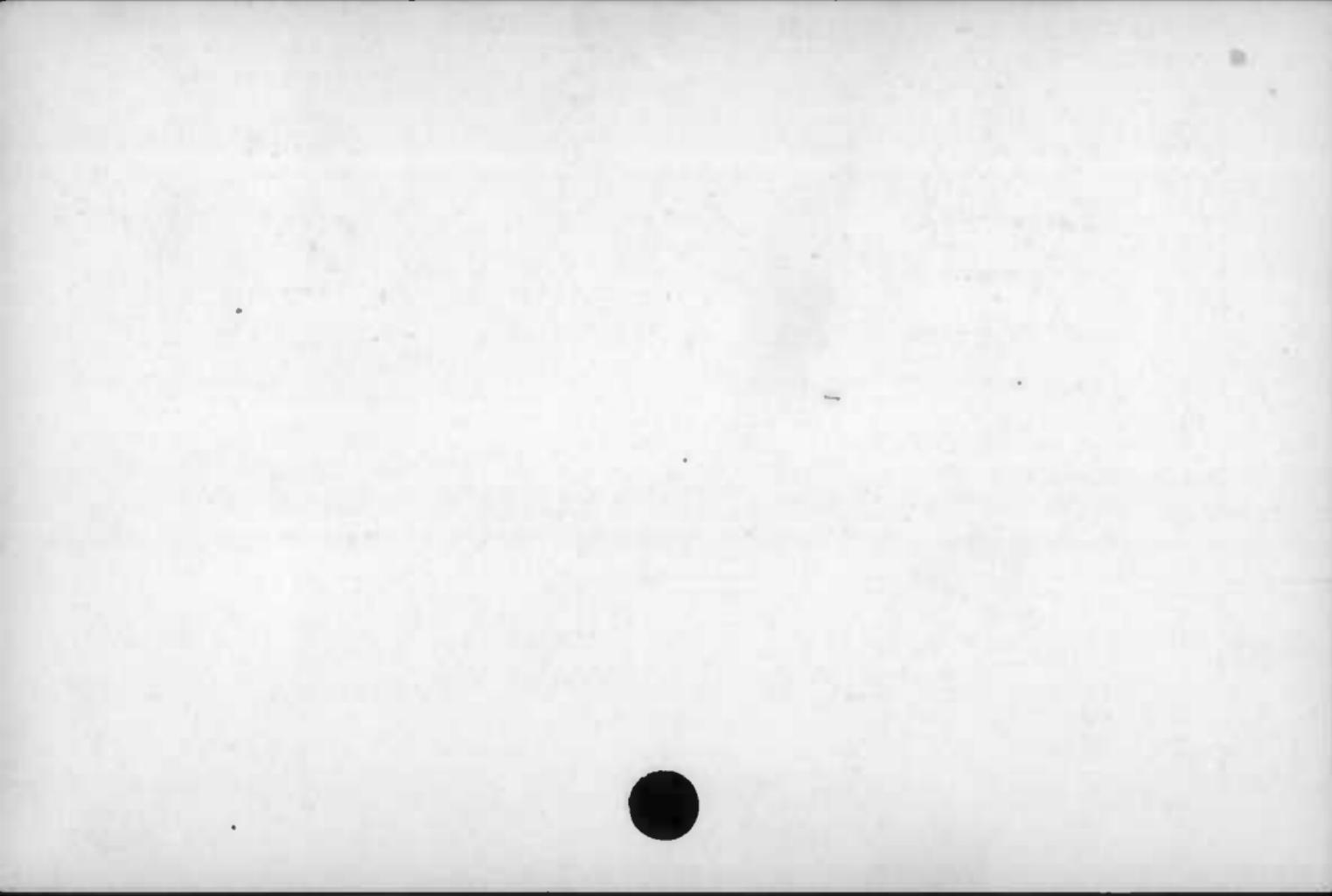
Signature of Physician

No Doctor

Address

O.K. Dr. A. Massey

Accident or Suicide?



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

NEAREST FRIEND

				CERTIFICATE OF DEATH		
Died at		Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days	
1909	Mar.	22	Age 80			
Sex	Female	Color or Race	White	Birth-place	Synepryant	
Occupation	House Wife		Where Residing if not at place of death			
Married, Single or Widowed	married	Name of Wife or Husband	John Gorlow			
Father's Name	Unknown		Father's Birthplace	Unknown		
Mother's Maiden Name	Rittie Fisher		Mother's Birthplace	Synepryant		
Name of person giving information	Lambert Hastings		How related to deceased	None		

PHYSICIAN
COOPER

il

Primary

Immediate

Are the name, age, sex, color, date and place correctly given above?

yle

~~Signature of
Physician~~

Address

Primary	How long
Immediate	How long
<p><i>Tuberculosis of lungs & pleura 3 months</i></p>	
Are the name, age, sex, color, date and place correctly given above?	<p>Signature of Physician</p> <p>Address</p> <p><i>C. Geraldine Karm Berlin Md</i></p>
Accident or Suicide?	



Name
in
Full

Dixie M. Hall

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Wheatleyville		Town	County Roxbury	MARYLAND		
Date of death 1909	Month Mar	Day 7	Age 56	Years	Months	Days
Sex Female	Color of Race White	Birth-place Maryland				
Occupation House work	Where Residing if not at place of death At My House					
Married, Single or Widowed widow	Name of Wife or Husband Ben Hall	Father's Birthplace unknown				
Father's Name unknown	Mother's Birthplace unknown					
Mother's Maiden Name unknown	How related to deceased Daughter					
Name of person giving information Elizabeth Bonallwood	142					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Dry Gangrene Right Hand

How long

Immediate

Due to feeble circulation

How long

10 days

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Dr Holland at Berlin

Roxbury Doctor

6

Accident or Suicide?



Name
in
Full

William Thomas Howard Sr.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death	1909	Month 3	Day 19	Years 67	Months	Days 10	
Sex	Male	Color or Race	white	Birth-place	Md		
Occupation	None		Where Residing if not at place of death				
Married, Single or Widowed	Married	Name of Wife or Husband	Mary J. Howard				
Father's Name	John Howard Jr.		Father's Birthplace	Md			
Mother's Maiden Name	Barzeyne Murphy		Mother's Birthplace	Md			
Name of person giving information	W. T. Howard Jr.		How related to deceased	Son			

CAUSES OF DEATH

104

PHYSICIAN
OR CORONER

Primary

Acute Inflammation

How long

3 hours

Immediate

Lead of the

How long

1 hour

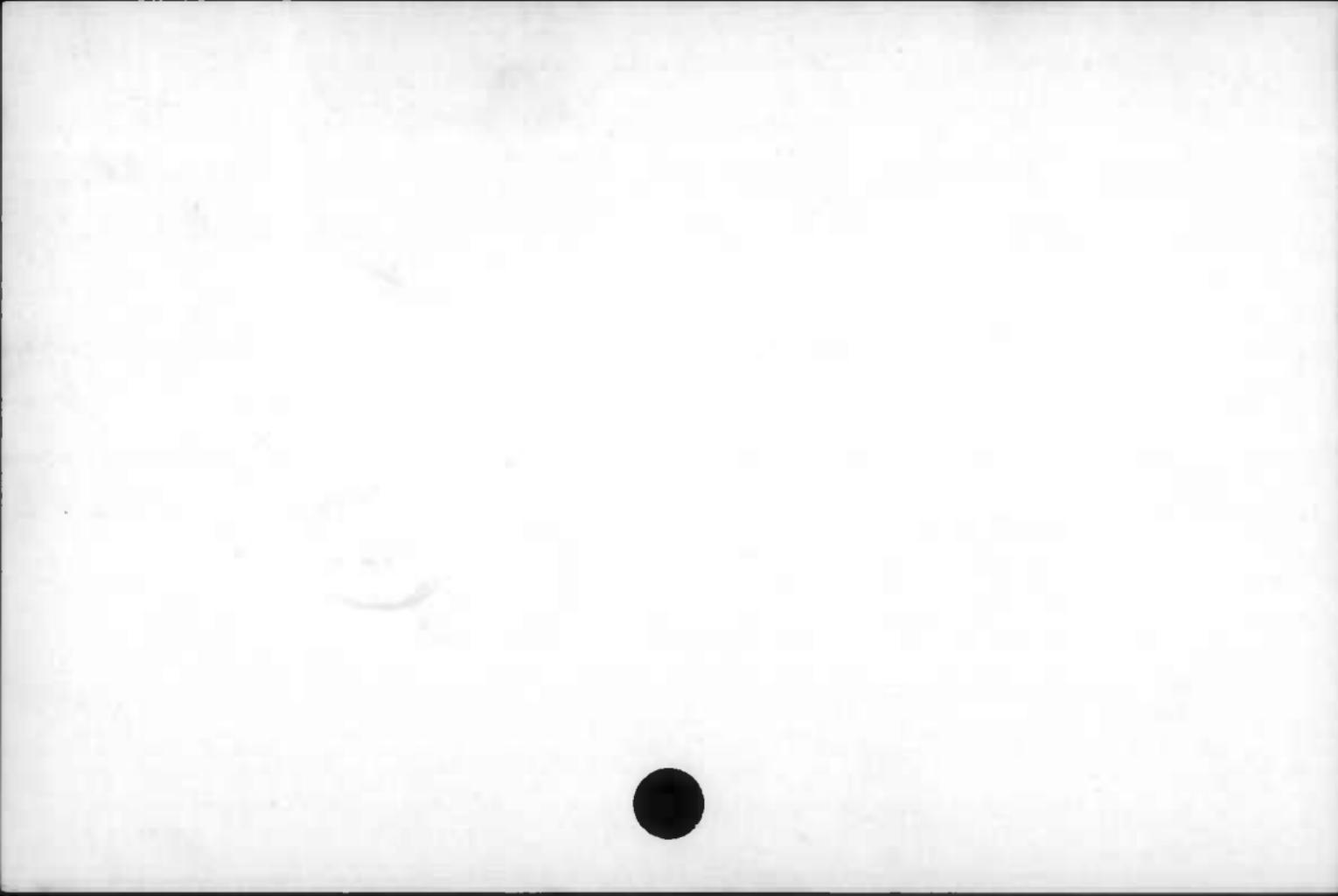
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

F. M. Wilson
Pocumtuck City

Accident or Suicide?



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

Margaret A. Julian

140

CERTIFICATE OF DEATH

MARYLAND

Died at	Town	City	County			
Promoke City	Promoke	Promoke	Promoke			
Date of death	Month	Day	Years	Months	Days	
1909	Feb	20	78	4	9	
Sex	Color or Race	Age	Where Residing if not at place of death			
Female	White	78	✓			
Occupation						
House						
Married, Single or Widowed	Name of Wife or Husband					
Widow	Unknown					
Father's Name						
William Clarke						
Mother's Maiden Name						
Julian Hallard						
Name of person giving information						
Edgar Frataine						

CAUSES OF DEATH

27

How long

How long

PHYSICIAN
OR CORONER

Primary

Some form of pulmonary trouble 12 years

Immediate

udden collapse to ground 1 hour

Are the name, age, sex, color, date, and place correctly given above?

Witness

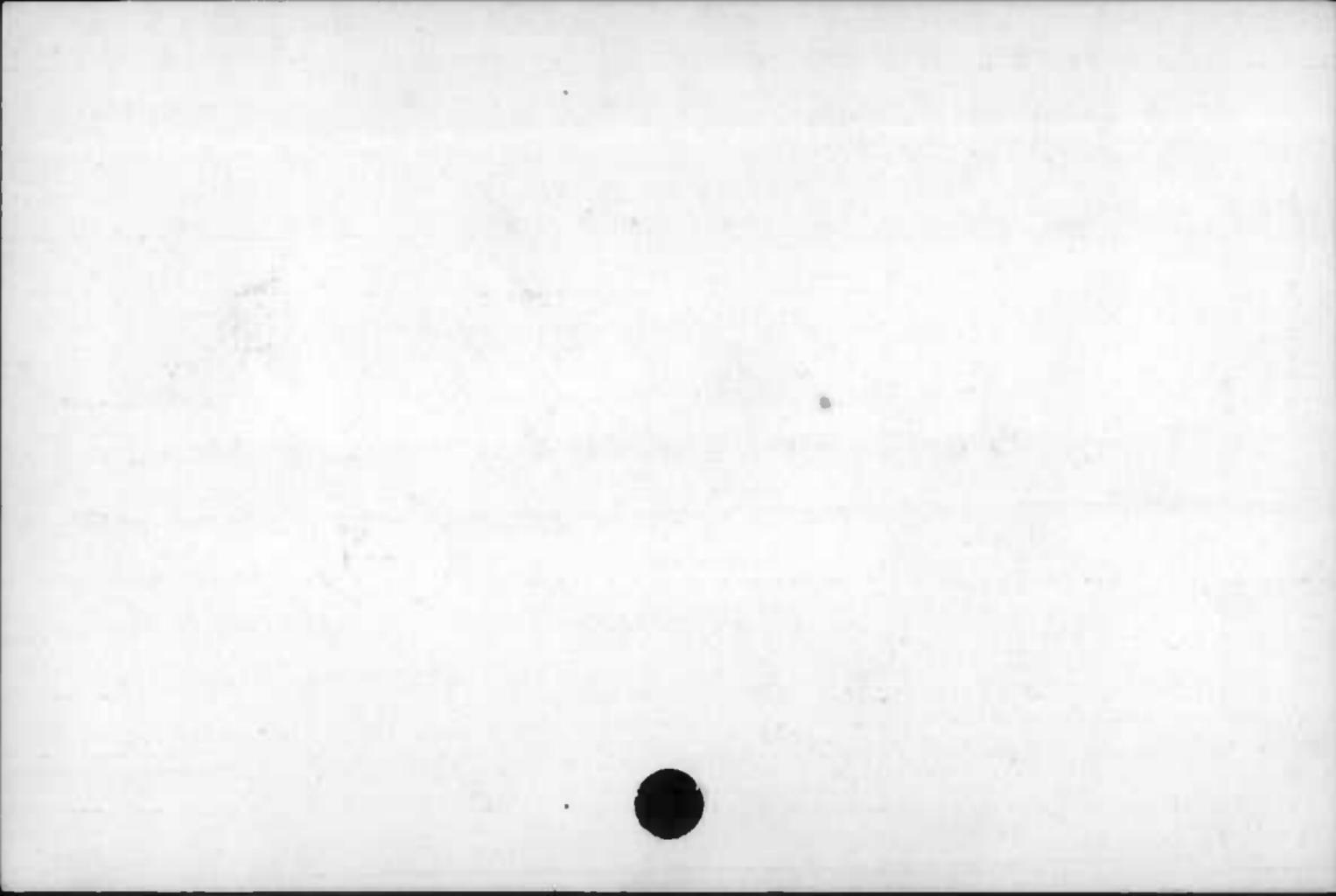
Signature of Physician

Address

R. Peetree

Accident or Suicide?

It had not been my privilege to see the deceased until about half hour before death



Name
in
Full

Hilda W. Brumford

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at		Town	County		MARYLAND	
Date of death	1909	Month 3	Day 18	Age 0	Months 10	Days 0
Sex	Female	Color or Race	White	Birth-place	Worcester Co., Md.	
Occupation	None	Where Residing if not at place of death			at place of death	
Married, Single or Widowed		Name of Wife or Husband	None	Father's Name	William C. Brumford	
Mother's Maiden Name	Sadie E. Ritchie	Mother's Name	None	Father's Birthplace	Snow Hill, Md.	
Name of person giving Information	William C. Brumford	Mother's Birthplace	Worcester Co., Md	How related to deceased	Mother	

CAUSES OF DEATH

91

How long

Primary

Capillary Bronchitis

2 weeks

Immediate

Cardiac Failure

1 day

Are the name, age, sex, color, date and place correctly given above?

Yes

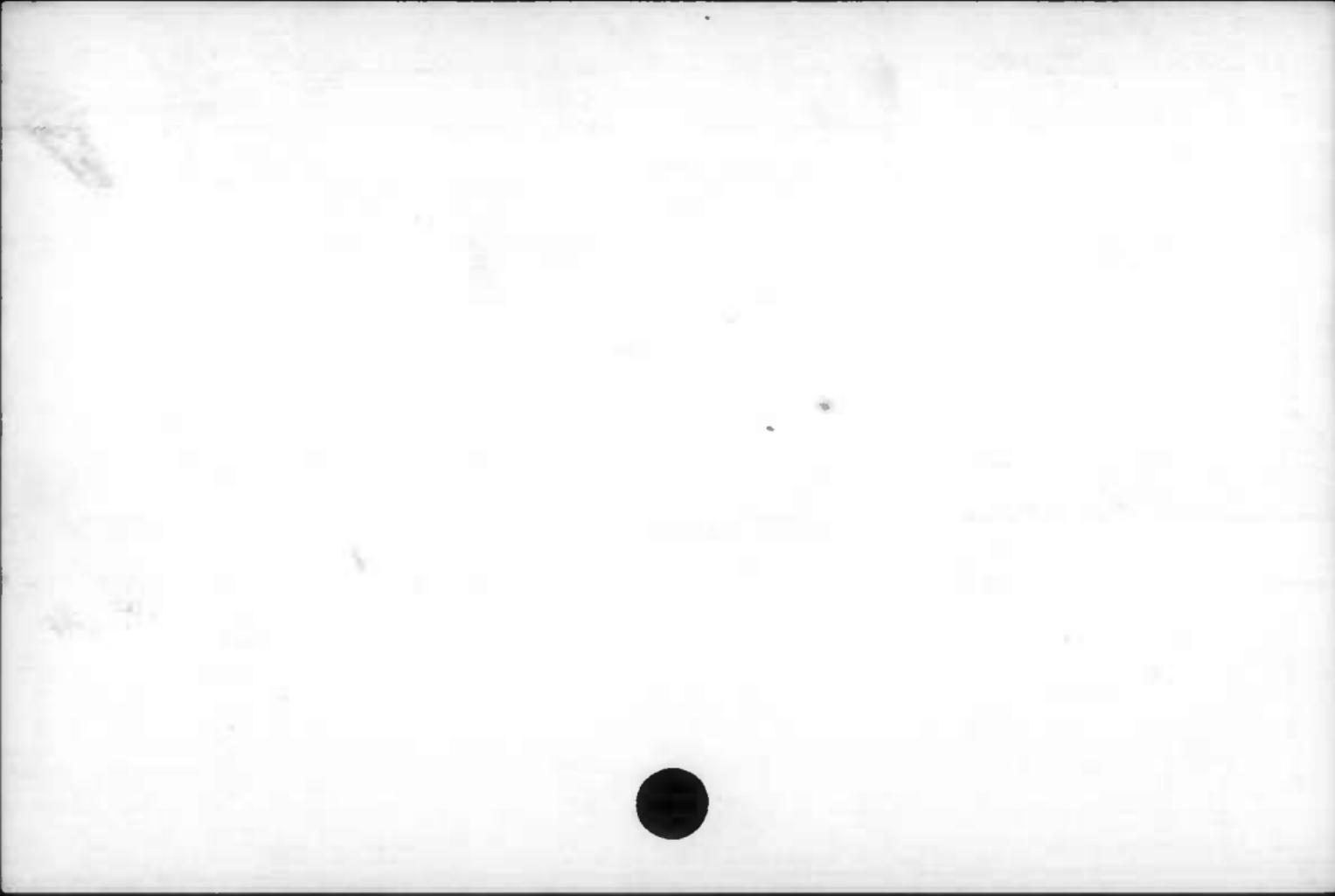
Signature of Physician

Address

Dr. W. D. Stringham

Snow Hill - Md

Accident or Suicide



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

CERTIFICATE OF DEATH

Town		County		MARYLAND	
Died at	Snow Hill	Worcester			
Date of death	Month	Day	Year	Month	Days
1909	March	20th	1	—	13 days
Sex	Male	Color or Race	White	Birth-place	
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	John C. Dibbitt				
Mother's Maiden Name	Mary A. Dibbitt				
Name of person giving Information	John C. Dibbitt				
Father's Birthplace	Dard				
Mother's Birthplace	Hed				
How related to deceased	Sister				

CAUSES OF DEATH

9

Primary

cold or chump

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

No Physician. 06 Rue Rose
Snow Hill Md

Accident or Suicide

Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Solomon Powell

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND	
Date of death	1909	Month March	Day 31	Years 80	Months 10	Days 20
Sex	Male	Color or Race	White			
Occupation	Farmer					
Married, Single or Widowed	Married					
Father's Name	Lewin Powell					
Mother's Maiden Name	Elizabeth					
Name of person giving Information	Alia Powell					
Where Residing if not at place of death Boe Town						
Father's Birthplace Worcester Co						
Mother's Birthplace don't know						
How related to deceased Son-in-Law						

CAUSES OF DEATH

Primary

Stroke debility

154

How long

Immediate

..
yes

Signature of Physician

Address

Are the name, age, sex, color, date and place correctly given above?

Accident or Suicide

4 days
John L. Riley
Snow Hill
Md.



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Dr. James B. R. Purcell

CERTIFICATE OF DEATH

MARYLAND

Died at		Town	County			
Snow Hill			Worcester			
Date of death	1909	Month	Day	Years	Months	Days
March			7	80	1	22
Sex	Male	Color or Race	White		Birthplace	
Occupation	Physician	Where Residing if not at place of death		at place of death		
Married, Single or Widowed	Married	Name of Wife or Husband	Margaret S. Purcell		Father's Birthplace	Worcester Co., Md.
Father's Name	William W. Purcell			Mother's Birthplace		
Mother's Maiden Name	Ellen H. Robins			Worcester Co., Md.		
Name of person giving Information	Margaret S. Purcell			How related to deceased		
				Wife		

CAUSES OF DEATH

104

Primary: Senile Debility & Acute Indigestion
About 10 hours
How long

Immediate: Cardiac Failure

about 2 hours
How long

Are the name, age, sex, color, date and place correctly given above?

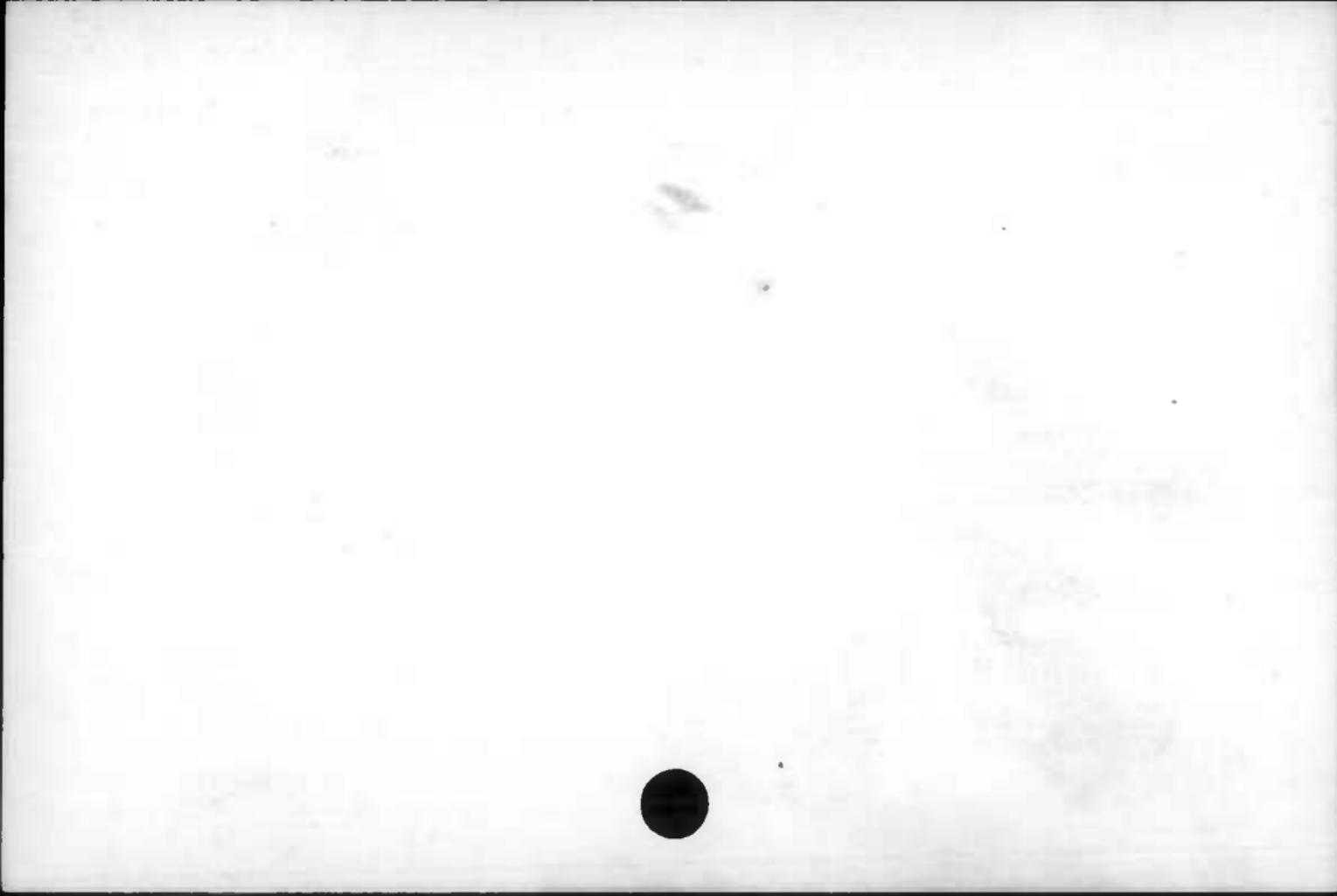
Yes

Signature of Physician

Dr. W. W. Strong
Snow Hill, Md.

Address

Accident or Suicide



Name
in
Full

Lucy A. Purnell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Month	Days
Sex	Color or Race	Age			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Lavern Purnell			
Father's Name	Unknown			Unknown	
Mother's Maiden Name	Mary Birch			Birch	
Name of person giving Information	James Forsett			Cousin	
CAUSES OF DEATH					
Primary	No Dr in attendance unknown				
Immediate	unknown				
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician		179		
	Address		How long		
Accident or Suicide					

PHYSICIAN
OR CORONER

Immediate

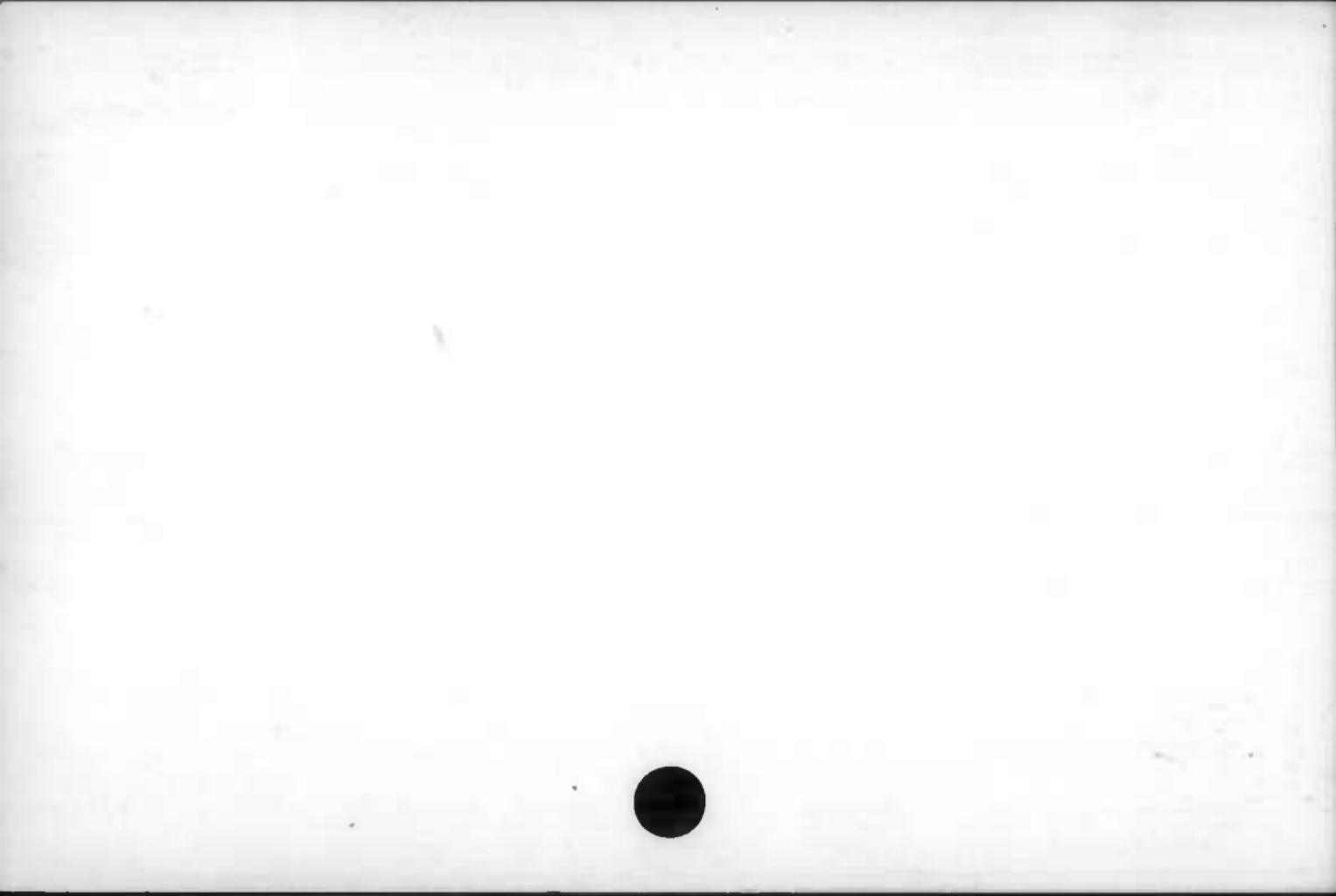
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

No Doctor

One Dr. A. Massey
S.H.O.



Name
in
Full

Ryan, Claude P.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Town Died at Showell,		County Worcester		MARYLAND	
Date of death 1909 Mar	Month 3	Day 3	Years Age 24	Months 4	Days 5
Sex Male	Color or Race White	Birth- place Showell, Md			
Occupation Telegraph operator	Where Residing if not at place of death Home				
Married, Single or Widowed Single	Name of Wife or Husband				
Father's Name John M. Ryan	Father's Birthplace Worcester Co				
Mother's Maiden Name Campbell (Amie B.)	Mother's Birthplace Campbell, Md.				
Name of person giving Information J.M. Ryan,	How related to deceased Father.				

CAUSES OF DEATH

Primary

Pulmonary T. B.

Immediate Hypostatic pneumonia

Are the name, age, sex, color, date
and place correctly given above?

Yes.

Signature of
Physician

Address

27

How long

3 years

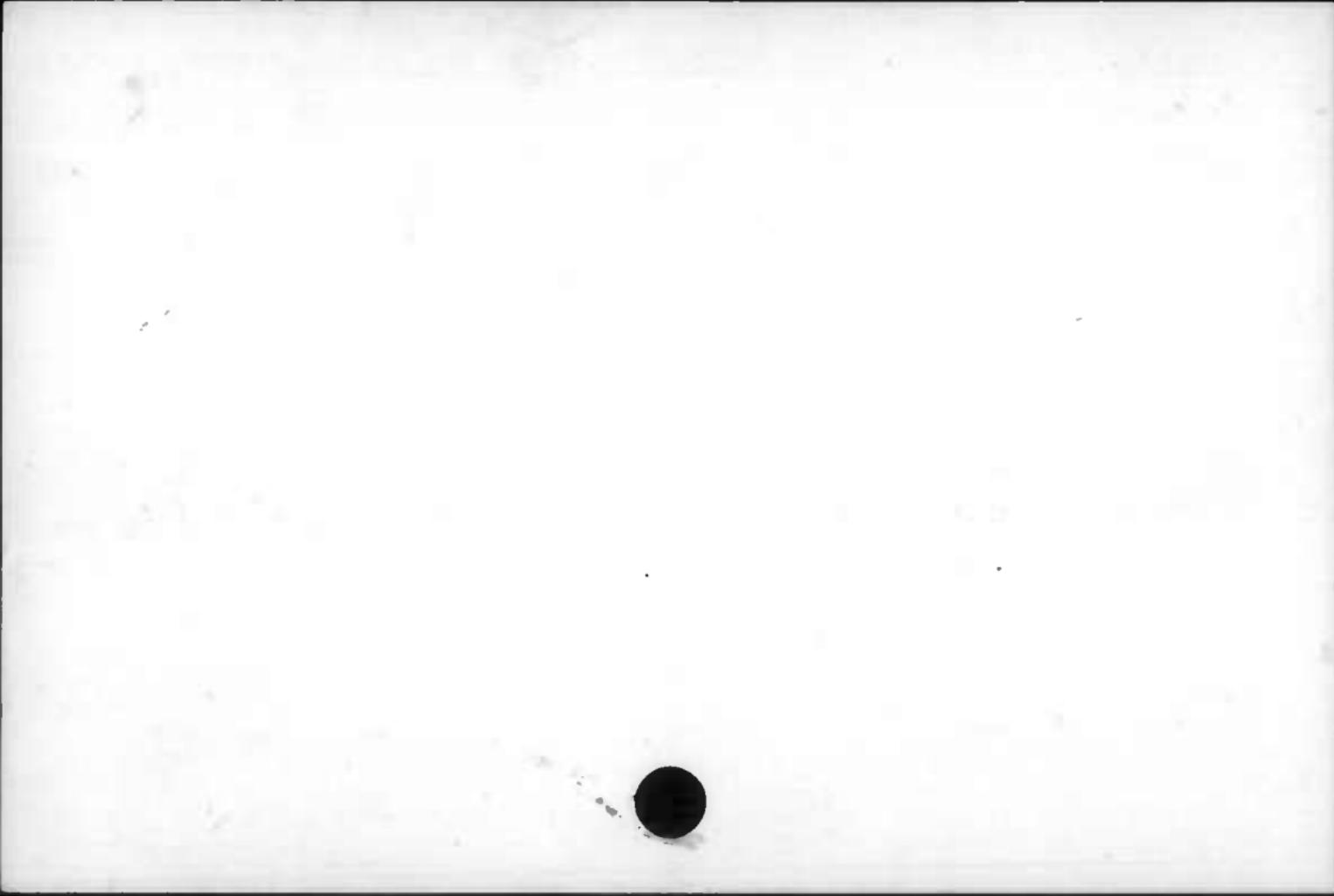
How long

3 da.

J. R. Ryan, M.D.

Showell, Maryland.

Accident or Suicide



Name
in
Full

Cyrus. Timmons. 12

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Year	Month	Days
Sex	Color or Race	Age			
Occupation	Where Reaiding if not at place of death			Birthplace	
Married, Single or Widowed	Single	Name of Wife or Husband	Leah. Timmons		
Father's Name	Isaac. Timmons			Father's Birthplace	Whaleyville
Mother's Maiden Name	Unknown			Mother's Birthplace	Unknown
Name of person giving Information	Geo. Timmons			How related to deceased	Son

CAUSES OF DEATH

179

How long

Unknown

How long

Unknown

PHYSICIAN
OR CORONER

Primary

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

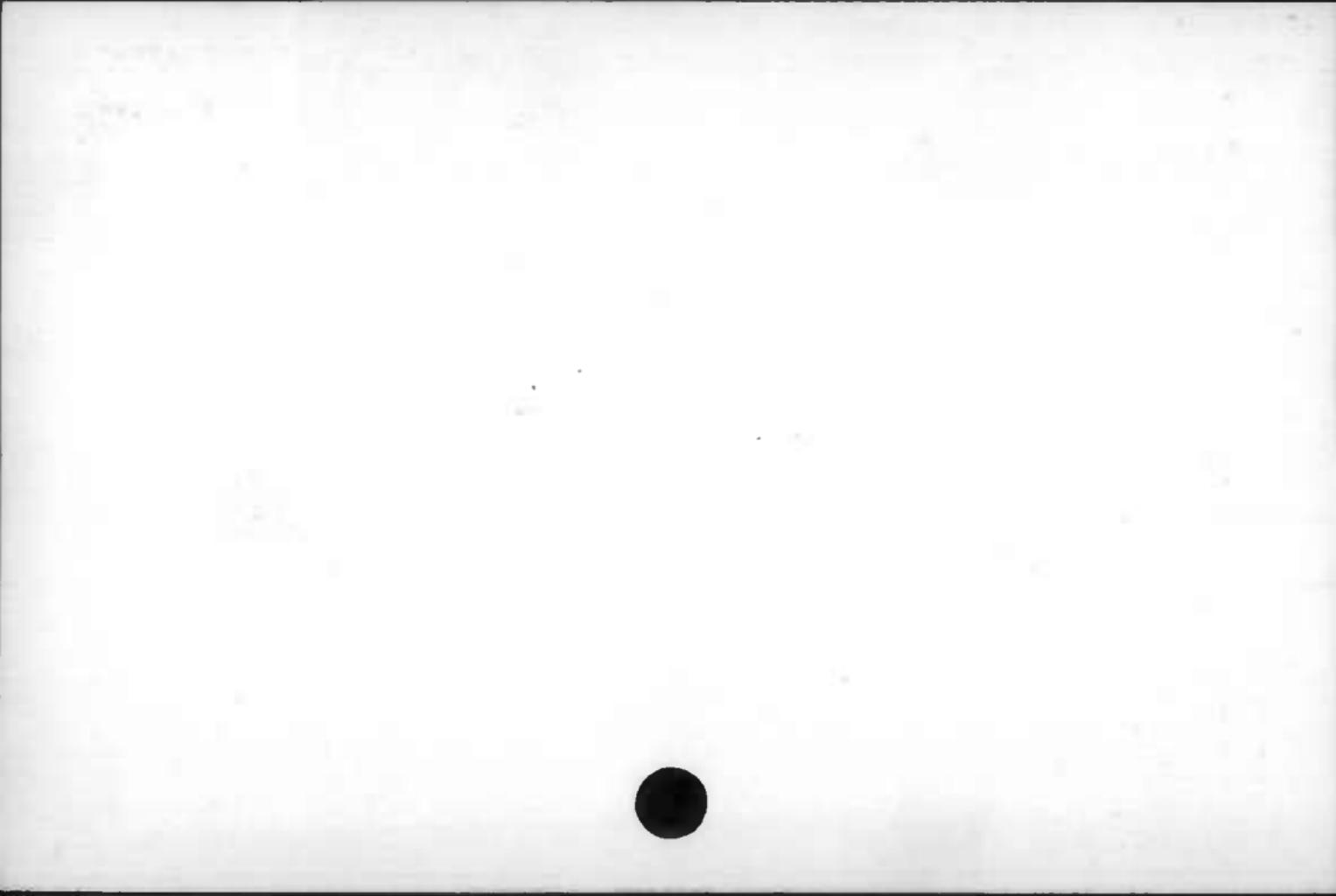
Address

No Doctor

No Doctor

Accident or Suicide

OSR. Dr. A. Massey



Name
in
Full

Sally Stanford

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town		County		MARYLAND	
Died <input checked="" type="checkbox"/>	Snow Hill	Worcester			
Date of death 1909	Month Mar	Day 19	Years 5	Months 6	Days -
Sex Female	Color or Race white	Birth-place Md			
Occupation nurse	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Wm. S. Stanford				
Mother's Maiden Name	Gray E. Payne				
Name of person giving Information	Wm. S. Stanford				
Primary	CAUSES OF DEATH				
Burn	Accident ally fell into a fire place				
Immediate	Burn				
How long 3 days					

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

John L. Riley
Snow Hill
Md

Accident or Suicide

Name
in
Full

John B. Timmons

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>near Snowsfield</u>		Town <u>Town</u>		County <u>Howard</u>		MARYLAND	
Date of death <u>1909</u>	Month <u>Mar.</u>	Day <u>30</u>	Age <u>84</u>	Years <u>84</u>	Months <u>—</u>	Days <u>16</u>	
Sex <u>Male</u>	Color or Race <u>White</u>			Birth-place <u>Mor. Co. Md</u>			
Occupation <u>Retired Farmer</u>	Where Residing if not at place of death						
Married, Single or Widowed <u>Widower</u>	Name of Wife or Husband <u>Anna M. Timmons</u>						
Father's Name <u>John Timmons</u>				Father's Birthplace <u>Mor. Co. Md</u>			
Mother's Maiden Name <u>Katherine Timmons</u>				Mother's Birthplace <u>Mor. Co. Md</u>			
Name of person giving information <u>John Timmons</u>				How related to deceased <u>Son</u>			

CAUSES OF DEATH

106

How long

2 yrs

How long

3 weeks

PHYSICIAN
OR CORONER

Primary

Natural decline

Immediate

diarrhoea

Are the name, age, sex, color, date and place correctly given above?

yes

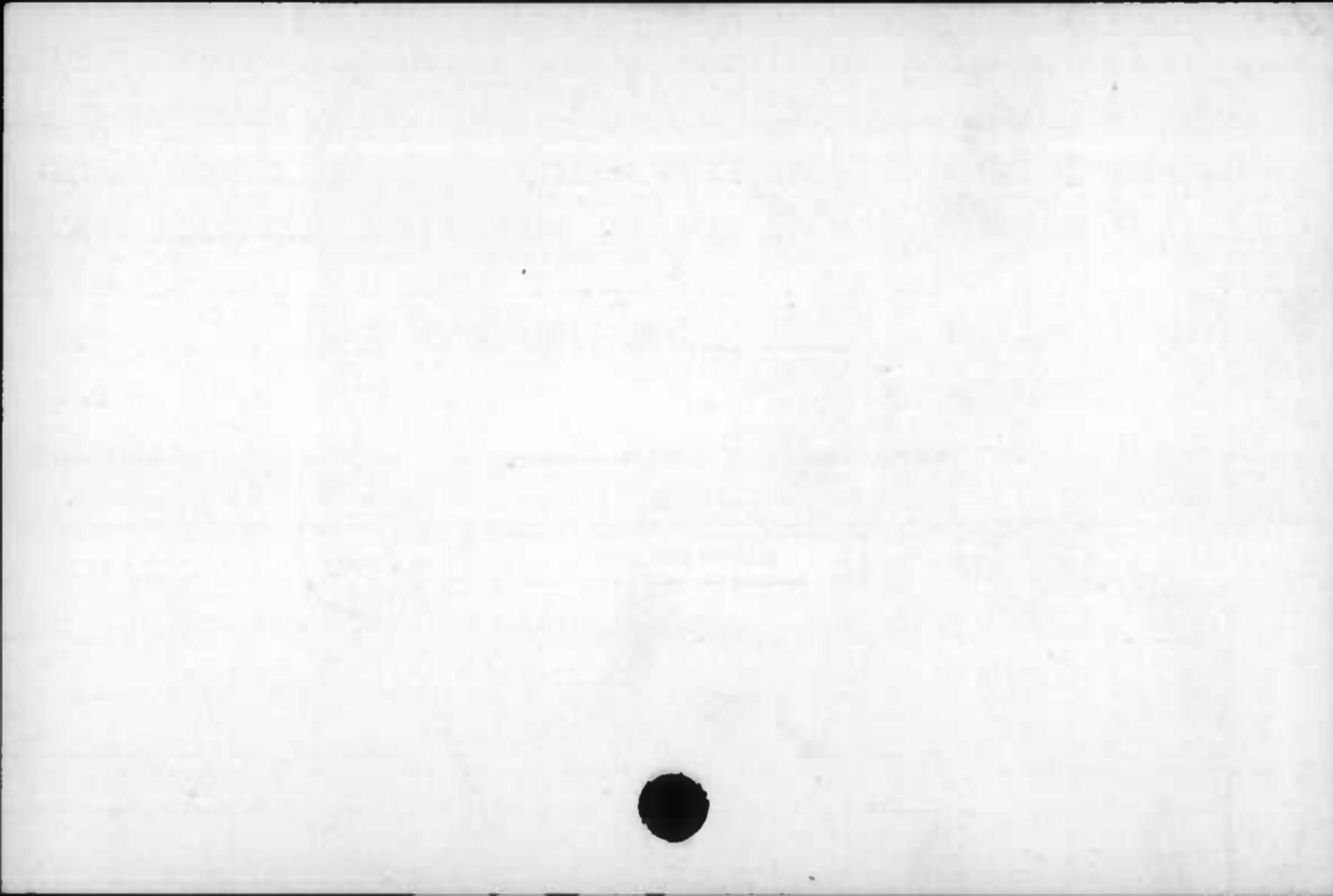
Signature of Physician

Address

Paul Jones

Snowsfield Md

Accident or Suicide?



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

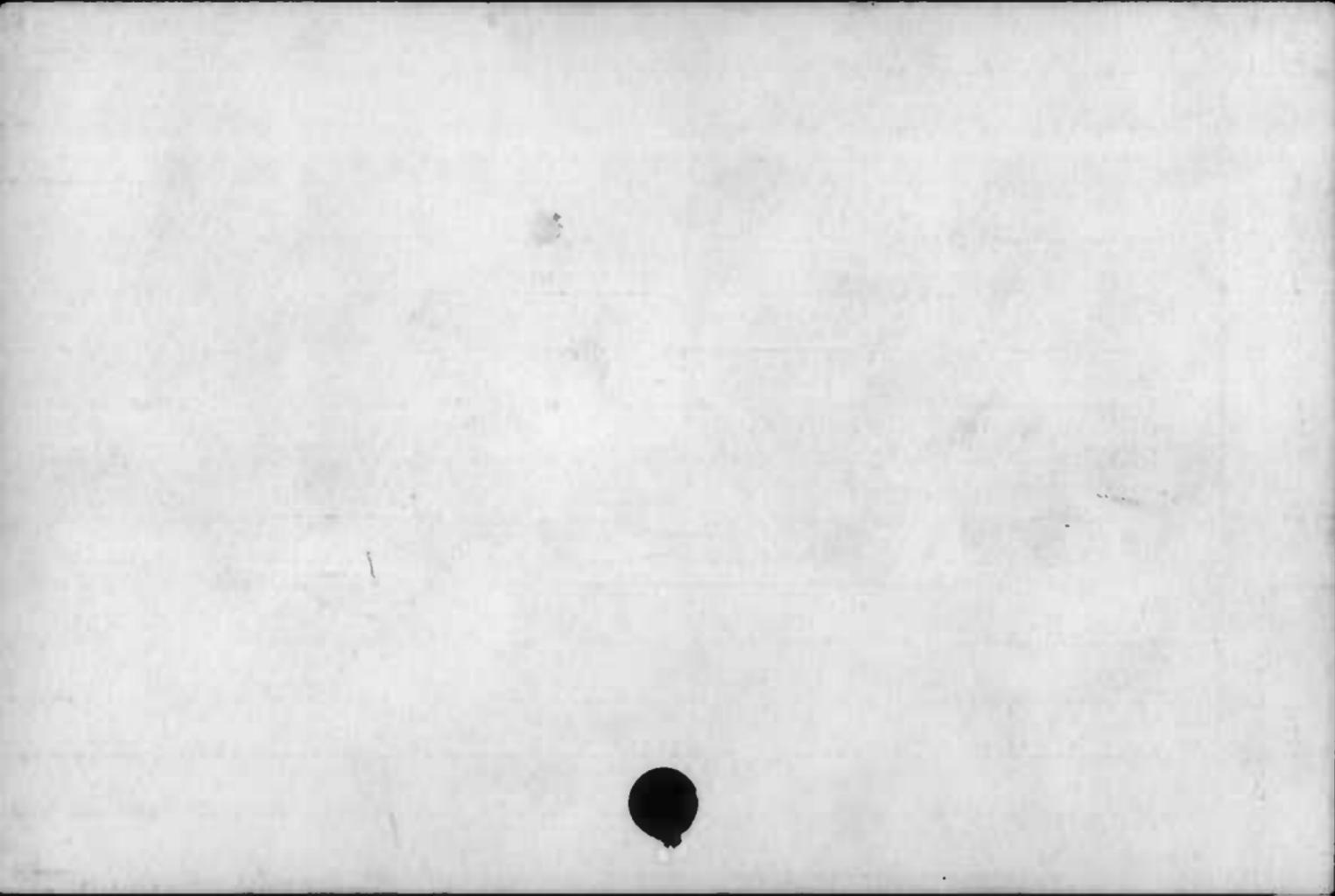
Died at <u>near Snowville</u>		County <u>Howard</u>		MARYLAND	
Date of death <u>1909</u>	Month <u>March</u>	Day <u>27</u>	Years <u>—</u>	Months <u>14</u>	Days <u>—</u>
Sex <u>male</u>	Color or Race <u>colored</u>	Birth-place <u>Maryland</u>			
Occupation <u>—</u>	Where Residing if not at place of death <u>—</u>				
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>—</u>				
Father's Name <u>Theodore Milbourn</u>	Father's Birthplace <u>Maryland</u>				
Mother's Maiden Name <u>Priscilla Waters</u>	Mother's Birthplace <u>Maryland</u>				
Name of person giving Information <u>Priscilla Waters</u>	How related to deceased <u>Mother</u>				

CAUSES OF DEATH

92

PHYSICIAN
OR CORONER

Primary <u>Bronchitis</u>	How long <u>2 weeks</u>
Immediate <u>Pneumonia</u>	How long <u>2 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes.</u>	Signature of Physician <u>John Jones</u> Address <u>Snowville</u>
Accident or Suicide?	



TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONERJane Williams
Died at Town
Near Fairmount City, Maryland

MARYLAND

Date of death 1909 Month March Day 7 Years Age 80 Months - Days ✓

Sex Female Color or Race Colored Birth-place Nianguay Co., Mex

Occupation Domestic Where Residing if not at place of death ✓

Married, Single or Widowed Widow Name of Wife or Husband ✓ Unknown

Father's Name Don't know Father's Birthplace Unknown

Mother's Maiden Name Don't know Mother's Birthplace Unknown

Name of person giving information James Baker How related to deceased Son

CAUSES OF DEATH

Primary

Bronchitis

90

How long

about a week

Immediate

Exhaustion

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

R. Reftree
Fairmount City, Tex.

Accident or Suicide?

